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CITY OF GREENVILLE

POLICY NO. HR-10


DATE: July 01, 2004

SUBJECT: General Leave and Leave Bank


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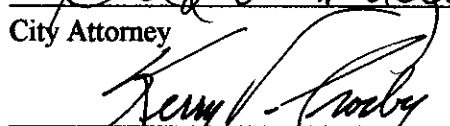
APPROVALS:



City Manager



City Attorney



Human Resource Director

I. **Purpose**

The purpose of this policy is to define General Leave provisions for all eligible employees.

II. **Scope**

This policy applies to all classified regular, permanent part-time, and Civil Service employees of the City of Greenville. This policy may also apply to Special employees depending on employment arrangements.

III. **Policy**

It is the policy of the City of Greenville to recognize the contributions of its eligible employees by granting General Leave so employees may accrue compensated time off for vacations, illnesses, and other necessities.

IV. **Procedures**

A. **General Leave Accrual**

General leave shall be earned by all regular, full-time employees and Civil Service employees during continuous service as follows:

YEARS OF EMPLOYMENT	GENERAL LEAVE ACCRUED
First Year	104 hours: (13 8-hr.days)
Second through Tenth Years	144 hours: (18 8-hr.days)
Eleventh through Twentieth Years	184 hours: (23 8-hr.days)
Twenty-first year and Beyond	224 hours: (28 8-hr.days)

General leave accrues, for each week worked during the year, at an accrual rate designed to accumulate the above number of annual general leave days over the course of 52 weeks, appropriate to the employee's years of service. Permanent part-time employees who average at least 20 hours per week, but less than 40 hours per week, will accrue one-half (50%) of the general leave benefits accrued by regular full-time employees.

B. **Using General Leave**

A Request for Leave form (Exhibit A, attached) is available for use by department heads, manager, or supervisors to assist with administrative control and management of employees' leave requests.

All *non-emergency* leave must be prearranged with the employee's supervisor.

Permission to take non-emergency general leave is at the sole discretion of the supervisor. Supervisors are encouraged, however, to accommodate proper and timely requested, non-emergency leave requests when work demands and schedules permit.

Requests for *emergency* leave, including leave for sickness, must be made as soon as possible by the employee requesting the leave. Employees requesting leave in emergency situations, including sickness, must call their supervisor within 30 minutes of their normal time to report to work. If the employee is unable to call, then a responsible family member or friend should call the supervisor. Supervisors may require doctors' notes or other appropriate certification for emergency leave greater than three consecutive work days.

All general leaves for sickness in excess of three work days should be reported to the Occupational Health Nurse and the Benefits Administrator to facilitate compliance with the Family Medical Leave Act. In addition, employees absent for three or more consecutive work days due to illness *must report to the City's nurse* in the Health and Wellness Center and obtain a "clearance to return to work" *prior to* being allowed to work. Employees who fail to call in and report off for three consecutive days, and employees who fail to call and report off three or more times in one year (any consecutive 12 month period), will be terminated.

The Human Resources Director has approved leave to be paid, at the Department Head's discretion, when an employee has exhausted all general leave and other compensatory time-off due, up to a maximum of five (5) negative leave days total. In the exercise of this discretion, the Department Head must necessarily anticipate the employee will be returning to work and will continue employment long enough for the City to recover the forwarded unearned leave or cash equivalent. In no event may negative leave accrual exceed five (5) days; any General Leave hours submitted beyond that limit will not be paid by payroll.

C. General Leave Carry-over

Employees may carry forward unused General Leave from year to year up to a maximum accrual of ninety (90) days. Accrued general leave carried forward and the current year's accumulated leave will be paid at the time of an employee's termination and will be calculated at the current rate of pay. It is recognized that an employee who has accrued the maximum carry-forward of 90 days may have more than 90 days of leave available during the calendar year, because of the current year's accrual.

Employees who have accumulated the maximum carry-over of ninety general leave days will lose any current year "accrued-but-not-used" general leave at the end of the calendar year, and of each year thereafter, with one exception; see Section E below, "Restricted Sick Days."

Employees who for any reason have received payment for unused General Leave cannot carry forward the maximum of 90-days from the year in which payment is received. Nor may they accrue up to the maximum of 90 days of unused General Leave for a period of four calendar years following the year in which payment is received. During the affected period, employees having received such payment may accrue and carry forward *no more than 90 days minus the number of days for which payment was received*. At the end of the five year period, such employees may begin accruing unused General Leave up to a maximum of 90 days on the same basis as other employees.

This provision applies also to employees who are paid for unused General Leave because they leave the City's employment, then, are afterward rehired. No active employee may receive payment for accrued General Leave without first making a clear and convincing showing of extraordinary hardship to the City Manager.

D. General Leave Conversion

Employees who have accumulated over forty-five (45) general leave days may convert up to fifteen (15) days annually to a deferred compensation salary supplement. The salary supplement must be used as a deferred compensation deduction and deposit to a 401k or 457 retirement account, or, or to offset an existing deferred compensation deduction. In selecting this option, to be applied annually, employees will be required to sign an agreement that their maximum accrual of ninety (90) general leave days be permanently reduced by the number of converted days, and to acknowledge that the converted days will also reduce the forty-five (45) general leave days which may be used in the computation of South Carolina State Retirement and Police Retirement benefits. General leave maximum accrual may not be reduced below 45 days because an employee selects this option.

E. Restricted Sick Days

The South Carolina retirement systems allow the City to report up to 135 general leave and sick days to be used for computing retirement benefits. The first 45 general leave days are reported for computing average final compensation. Up to 90 additional days can be reported as "sick-days" for extending the retiree's length of service. Employees in the Firemen's Pension Fund are credited with a 2% benefit-increment for each 45-days of General Leave and Restricted Sick Days accrued at retirement, up to the maximum of 135 days total.

Since the City allows employees to accrue only 90 general leave days, employees having attained the maximum accrual of general leave days will be allowed to convert up to forty-five subsequent unused general leave days, that normally would be forfeited, into "restricted sick days" for retirement purposes. Restricted Sick Days may be used for actual sickness

only after all General Leave and "old sick days" (carried over from the previous plan), exempt leave, and compensatory time have been exhausted. Restricted Sick Days not used will not be paid when an employee leaves the City or retires.

F. General Leave Bank

The City of Greenville maintains a General Leave Bank for voluntary participation by all regular, full-time and Civil Service employees who have completed at least six (6) months of continuous service with the City.

1. **Membership**

Membership in the General Leave Bank is by annual enrollment during the annual re-enrollment period held during the forth quarter of every calendar year. Memberships become effective the following January 1st.

For new Employees with six (6) months of continuous service, initial enrollment requires the donation of one (1) general leave day as an entrance fee, and one (1) general leave day for the current year's dues (A total of two (2) general leave days). Subsequent yearly renewals require the donation of one (1) general leave day per year to the General Leave Bank.

Employees previously eligible to participate in the General Leave Bank, but who chose not to enroll, may elect to enroll at a subsequent annual re-enrollment. However, those employees will be required to contribute an initial entry fee of one (1) day of general leave, and retroactive dues of one (1) day of general leave for each full or partial year of service completed with the City since the inception of the General Leave Bank in July of 1994, or, since their original eligibility date if later than July, 1994.

Only "general leave days" may be donated to establish and retain eligibility. (i.e. Old "sick days", floater holidays, etc. cannot be used to establish eligibility or sustain participation in the General Leave Bank). Employees who have accrued the maximum leave accrual (typically 90 days), and are about to forfeit accrued-but-unused-general leave days, may voluntarily donate up to three (3) days of general leave to the bank, which would otherwise be forfeited at year-end, and this will serve to renew their memberships for the upcoming year.

Application forms for membership, and membership renewal, are provided by the Human Resource Department during each annual re-enrollment period. **Note: All current members of the General Leave Bank must sign a renewal membership form annually at the re-enrollment period in order to continue their memberships.** (see Exhibit B).

Donations of general leave to the General Leave Bank are permanent and may not be withdrawn. Donations are not tax deductible. In essence, they are insurance payments for short-term disability protection.

Special, voluntary enrollment/donation periods may be held at any time the General Leave Bank should near depletion of available leave days. The General Leave Bank may never have a negative balance and, if depleted, no general leave from the General Leave Bank will be awarded.

2. Purpose of the General Leave Bank

The General Leave Bank is designed to have on deposit sufficient general leave days to assist each participating employee with leave days when needed for a covered absence. Participating employees must have exhausted all outstanding "old sick leave" (carried forward from previous plan), general leave, exempt leave, compensatory time and any restricted sick days prior to being eligible to draw leave from the General Leave Bank.

3. Application for Leave from the General Leave Bank

Participating eligible employees may request General Leave Bank assistance when they have an *unplanned and unexpected medically necessary requirement for absence which is expected to extend at least ten (10) days beyond all of the employee's available paid leave*. Employees currently receiving Worker's Compensation, Short-term Disability, or Long-Term Disability payments are not eligible to receive benefits from the General Leave Bank. An "Application for Use of the General Leave Bank" form (see Exhibit C) must be submitted to the Human Resources Director as soon as the need for General Leave Bank leave days is known. In the event the participating employee is unable to make application for the leave days, a responsible adult designated by the employee may apply on behalf of the employee.

A maximum of sixty (60) leave bank days will be granted in any rolling 12-month period, depending on the need. A "Certification of Physician or Practitioner" form (see Exhibit E) must be completed by the employee's physician and submitted along with the "Application for Use of the General Leave Bank". The physician's recommendations will be considered in determining the number of leave days granted to an eligible employee.

Recognizing the employee's right to confidentiality concerning the need to apply for benefits from the General Leave Bank, all requests will be viewed and acted upon by the Human Resource Director, the employee's department head, and a legal representative from the City Attorney's Office. The written decision (see Exhibit D) regarding the application will be furnished to the requesting employee or their designated representative within ten (10) working days of receipt of the application. The Human Resource Director is responsible for keeping the City Manager informed of the utilization of the General Leave Bank.

Any participating employee who is denied leave from the General Leave Bank may appeal the decision to the City Manager within five (5) days of the denial. The City Manager's decision shall be final. Any approved but unused leave bank days will be returned to the General Leave Bank.

G. General Leave Donations

Employees will be permitted to donate General Leave days to a specific employee who has exhausted all available leave time, including the maximum available leave from the General Leave Bank if a member of it, assuming that the employee needing the leave is eligible to continue as an employee of the City of Greenville.

EXHIBIT A

REQUEST FOR GENERAL LEAVE

DATE REQUESTED: _____

I, _____, request the following dates for General Leave. I recognize that
 Employee Name
 Supervisor approval is required by signature below before this request is considered officially approved.

I request to begin leave on _____, and return to work on _____. I
 Day & Date Day & Date
 certify that I have the required number of general leave days accrued to cover the scheduled work days
 between the above dates.

 Employee's Signature

 Approved by: _____
 Supervisor's Signature

 Denied by: _____
 Supervisor's Signature

Reason for Denial (If applicable): _____

EXHIBIT B

**GENERAL LEAVE BANK
MEMBERSHIP FORM**

Name (Please Print)

Department

Job Title

Home Telephone Number

I am voluntarily contributing the following number of general leave days to the City of Greenville's General Leave Bank in order to establish my eligibility as a member for the coming year:

INITIAL ELIGIBILITY (If applicable):

_____ One (1) General Leave Day Entrance Fee.

RETROACTIVE DUES (If applicable):

_____ General Leave Days: (1 day per year, retroactive to employee's year of hire, or July, 1994, whichever occurred later)

CONTINUING ELIGIBILITY (Current Members):

_____ One (1) General Leave Day for the upcoming year.

As a member of the General Leave Bank, I am eligible to withdraw general leave in accordance with the City of Greenville's General Leave Bank Policy as set forth in HR-10. I understand that all days donated to establish membership eligibility become the property of the bank and that I am therewith purchasing short-term protection from unforeseen disability; I will only get leave days back when I meet the qualifications for a medically necessary withdrawal and I have exhausted all outstanding old sick days, general leave, exempt leave, accrued compensatory time, and restricted sick leave days.

Signature

Date

EXHIBIT C

**GENERAL LEAVE BANK
APPLICATION FOR WITHDRAWAL OF DAYS**

Please assist the General Leave Bank Committee by submitting this request for General Leave Bank days two (2) weeks prior to the date you need to begin your leave, whenever possible. In cases of emergency where you are unable to make advance application, be sure someone on your behalf turns in this completed request form as soon as practicable after the onset of the emergency.

_____ Name of Employee Requesting Leave Bank Days (Please Print)	_____ Date of Request
_____ Employee's Department	_____ Job Title

I hereby request to be granted _____ days of General Leave from the General Leave Bank. I expect
Number
to be absent from work commencing _____ and I expect to return to duty on, or about,
Date
_____. Accordingly, I expect to miss _____ work days during that period of time.
Date Number

I certify this general leave request is not the result of an on-the-job injury/illness which has been determined to be covered under Workers Compensation. I also acknowledge that if this request is approved, I am required to contribute the minimum number of general leave days to maintain my membership in the General Leave Bank during the next designated annual enrollment period. I also acknowledge that any unused General Leave Days granted will be returned to the bank upon my return to work.

_____ Signature
_____ Date

EXHIBIT D

**GENERAL LEAVE BANK
COMMITTEE DECISION ON APPLICATION FOR WITHDRAWAL**

Name of Employee/Applicant
(Please Print)

Number of Days Requested

DECISION:**REQUEST DENIED:**

REASON: _____

REQUEST APPROVED:

FOR UP TO _____ GENERAL LEAVE DAYS.

CONDITIONS or RESTRICTIONS (If any): _____

If the approved number of days is exhausted and applicant has remaining eligibility for additional days, applicant may request additional days by contacting the Director of Human Resources verbally or in writing and by submitting supplemental medical documentation supporting the necessity of such extension. The General Leave Bank Committee will consider such requests as part of this same application.

If applicant returns to work earlier than the projected date of return, any excess days granted above will be returned to the General Leave Bank.

LEAVE BANK COMMITTEE SIGNATURES:**DATE:**

Human Resource Director: _____

City Attorney's Office: _____

Department Head: _____

EXHIBIT E

CERTIFICATION OF PHYSICIAN OR PRACTITIONER
(Family and Medical Leave Act of 1993)

1. Employee's Name: _____
2. Patient's Name (if other than employee) _____
3. Diagnosis: _____
4. Date condition commenced _____
5. Probable duration of condition _____
6. Regimen of treatment to be prescribed. (Indicate number of visits, general nature, and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.)

- a. By Physician or Practitioner _____
- b. By another provider of health services, if referred by Physician or Practitioner _____

IF THIS CERTIFICATION RELATES TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER, SKIP ITEMS 7, 8, AND 9 AND PROCEED TO ITEMS 10 THROUGH 14. OTHERWISE, CONTINUE BELOW.

Check **Yes** or **No** in the boxes below, as appropriate

- | | YES | NO | |
|-----|--|--------------------------|---|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the employee required? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform work of any kind? (If "No", skip Item 9.) |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussion with employee.) |
| 10. | Signature of Physician or Practitioner _____ | | |
| 11. | Date _____ | | |
| 12. | Type of Practice (Field of Specialization, if any) _____ | | |

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER, COMPLETE ITEMS 13 THROUGH 16 BELOW AS THEY APPLY TO THE FAMILY MEMBER AND PROCEED TO ITEM 10 ABOVE.

- | | YES | NO | |
|-----|---|--------------------------|--|
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the family member (patient) required? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | After review of the employee's signed statement (see Item 14 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |
| 16. | Estimate the period of time care is needed or the employee's presence would be beneficial _____ | | |

ITEM 17 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.

17. When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule, if leave is to be taken intermittently or on a reduced leave schedule. _____

Employee signature: _____ Date: _____